

Read & Go Trip—Hiding Gladys Wilmington, NC Trip Wednesday, July 12, 2017

Where would you run to if people were chasing you? Did you read "Hiding Gladys" by Lee Mims? Come with us to learn the history of the Northeast Cape Fear River, a key site in the book and spend some time with the author. We will be leaving from the Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 8:30am.

We will be traveling to Wilmington, NC, with a rest stop on the way. The author, Lee Mims, will be joining us for a delicious group lunch at The Bridge Tender Restaurant, (on your own \$7-\$13 entrées) which was a location in the book. Afterwards she will discuss the book and show us a few sites from the book, including some surprises. In the afternoon we'll go on a 2 hour guided boat tour, up the Northeast Cape Fear River, where many exciting things happened in the book. On the tour we will learn the history of the river, which remains mostly unpopulated and looks much as it did when Wilmington was colonized in the late 1600s. We'll cruise through the Castle Hayne Aquifer and by the bluffs of the Rose Hill Plantation. You may want to bring your camera. A large variety of wildlife and native plants adorn the river banks. You may see osprey, alligators, sea turtles & river otters, as well as a variety of plants. We will be making a fast food/rest stop on the way home.

We always encourage participants to wear comfortable walking shoes and clothing. The group will arrive back at the Anne Gordon Center in Raleigh at approximately 8:00pm.

Price:

\$86.00 City of Raleigh Resident

\$101.00 Non-City of Raleigh Resident

Price Includes:

Transportation via charter bus, guided boat tour of the Northeast Cape Fear River. All other purchases are on your own.

Patron Expectations:

This trip has a low/moderate volume of walking expected, including some steps, and uneven paths with loose bricks and gravel. Patron must be able to keep to the scheduled timeline of the trip. Please remember there is no one-on-one assistance provided by the escorts.

Cancellation Policy:

Cancellations must be made in writing at least 14 days prior to trip departure date to receive a refund. Full or partial refunds will be made only if a replacement can be found, and are subject to non-refundable expenses incurred by the Department. If the Department cancels a trip, a full refund will be given.

To register return the bottom portion of the back page with payment to:

Anne Gordon Center for Active Adults 1901 Spring Forest Road Raleigh, NC 27615

Walk-in registrations are taken at any of our Active Adult Centers.

Credit Card payments can be made by phone, at any PRCR facility or by RecLink



Five Point Center 919-996-4730

Anne Gordon Center 919-996-4720

Walnut Terrace Center 919-996-6160



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asthma, etc.):

\$86.00 City of Raleigh Resident

\$101.00 Non-City of Raleigh Resident

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Make checks payable to: City of Raleigh

To Register: Complete the form below and return with full payment to:

Anne Gordon Center for Active Adults

Adult Program

1901 Spring Forest Road Raleigh, NC 27615

Walk-in registrations are taken at any of our Active Adult Centers.

Credit Card payments can be made by phone, at any PRCR facility or by RecLink

For Additional Information Contact: Adult Program Staff at 919-996-4730 or 919-996-4720

Keep top portion for your records

Wilmington, NC Wednesday, July 12, 2017

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program

Signature of participant	SIGNATURE		SIGNATURE		
Date signed	DATE				
understand that there is no	o one-on-one assistance	provided by Raleigh PR	CR Adult Program Staff	Initial INITIALS	
lame of Participant		Nan	ne of Participant		
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elephone		Email:			
nergency Contact		mary Phone	Secondary Pho	Secondary Phone	
pportunities or the provision of service Director of Raleigh Parks and Recreatinent will attempt to provide reasonable tely planned program, please list (opt	es, programs or activities. A particion Department or the Office of Ece accommodations for program painnal) any special needs or precau	cipant alleging discrimination on t qual Employment, US Dept. of the articipants when the need or acco artions which may require program	national origin, sex, religion, sexual orier he basis of the aforementioned areas me Interior, Washington, DC, 20240. The mmodation is requested in advance. To n accommodations for participation (i.e.	nay file a complaint with either the Raleigh Parks and Recreation Depa ensure a medically safe and approp visual or hearing impairment, mental	

Office use:

Food Concerns

Staff Initials

Date